

RESIDENTIAL TREATMENT COST REPORT - DUE DATE - JAN 31, 2006

SCHEDULE C - Expenses		MENTAL HEALTH RESIDENTIAL TREATMENT (INCLUDING THERAPEUTIC FOSTER HOME TREATMENT EXPENSE)					MENTAL HEALTH RESIDENTIAL R&B (INCLUDING NON-IV-E ELIGIBLE THERAPEUTIC FOSTER HOME)									
		MHL RESIDENTIAL LEVEL I	MHL RESIDENTIAL LEVEL II	MHL RESIDENTIAL LEVEL III	MHL RESIDENTIAL LEVEL IV	PRTF	OTHER CAP MR ICF MR, etc.	Room & Board RESIDENTIAL LEVEL I	Room & Board RESIDENTIAL LEVEL II	Room & Board RESIDENTIAL LEVEL III	Room & Board RESIDENTIAL LEVEL IV	OTHER PROGRAM 11	FUND- RAISING 12	ADMIN		TOTAL
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Position Count/FTE's per category																
MEDICAID TREATMENT EXPENSES:																
1a. Salaries and Wages - Direct Care																
1b. Salaries and Wages - Q																
1c. Salaries and Wages - Other Staff																
2 Employee Benefit Program																
3 Payroll Taxes																
4 TOTAL SALARIES & RELATED EXPENSES																
5 Medicaid Supplies																
6 Contract Labor																
7 Bloodborne Pathogen (OSHA) for Medicaid Program FTE's																
8 Employee Criminal Records Check Fees for Medicaid FTE's																
9 Other																
10 TOTAL MEDICAID TREATMENT EXPENSES																
11 TOTAL MEDICAID RESIDENT DAYS PROVIDED																
PROGRAM EXPENSES																
SALARY EXPENSES (Do not include Social Work or Admin SALARY:)																
12 Salaries and Wages																
13 Employee Benefit Program																
14 Payroll Taxes																
15 TOTAL SALARIES AND RELATED EXPENSES																
SOCIAL SERVICES (SOCIAL WORK ONLY. Do NOT include Admin)																
16 Salaries and Wages																
17 Employee Benefit Program																
18 Payroll Taxes																
19 TOTAL SOCIAL WORK COST																
HOUSEKEEPING/SHELTER COST																
20 Cleaning Supplies																
21 Outside Laundry Service																
22 Utilities																
23 Repair & Maintenance Building & Grounds																
24 Repair & Maintenance Equipment																
25 Sanitation & Pest Control																
26 Rent- Facility																
27 Rent-Buildings/Land																
28 Linen & Bedding																
29 Equipment																
30 Miscellaneous																

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SCHEDULE C - Expenses		MHL RESIDENTIAL LEVEL I 1	MHL RESIDENTIAL LEVEL II 2	MHL RESIDENTIAL LEVEL III 3	MHL RESIDENTIAL LEVEL IV 4	PRTF 5	OTHER CAP MR ICF MR, etc. 6	Room & Board RESIDENTIAL LEVEL I 7	Room & Board RESIDENTIAL LEVEL II 8	Room & Board RESIDENTIAL LEVEL III 9	Room & Board RESIDENTIAL LEVEL IV 10	OTHER PROGRAM 11	FUND- RAISING 12	ADMIN		TOTAL 15
														Medicaid Eligible 13	Non-Medicaid Eligible 14	
Tax Id #: _____																
Facility Name _____																
Audit Date: _____																
31 TOTAL HOUSEKEEPING /SHELTER COST (total of lines 20-30 described in instructions)																
DIETARY/FOOD COST																
32 Food																
33 Dietary Supplies/Equipment																
34 Miscellaneous																
35 TOTAL DIETARY/FOOD COST (total of lines 32-34 described in instructions)																
PERSONAL NEED COSTS/CLOTHING																
36 Clothing																
37 Personal Hygiene Items																
38 Medical Supplies																
39 Physician Fees & Hospitalization																
40 Non-Legend Drugs and Medical Services																
41 Beauty and Barber Shop																
42 Miscellaneous																
43 TOTAL PERSONAL NEED COSTS/CLOTHING (total of lines 36-42 described in instructions)																
RECREATIONAL COSTS																
44 Recreation Supplies/Equipment/Games																
45 Recreation Allowance																
46 Youth Admission Fees																
47 Youth Dues																
48 Miscellaneous																
49 TOTAL RECREATIONAL COSTS (total of lines 44-48 described in instructions)																
EDUCATIONAL COST FOR CHILDREN																
50 Educational Supplies																
51 Activity Fees																
52 Class Dues																
53 Travel Cost																
54 Miscellaneous																
55 TOTAL EDUCATIONAL COST (total of lines 50-54 described in instructions)																
TRANSPORTATION COST																
56 Travel Cost																
57a Miscellaneous																
57b TOTAL TRANSPORTATION COST (total of lines 56-57a described in instructions)																
58 Foster Care Board Payments to Foster Parents																
59 TOTAL ROOM & BOARD EXPENSE (Total of lines 31,35,43,49,55,57b,58)																
OTHER COSTS																
60 Office Supplies																

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														Medicaid Eligible	Non-Medicaid Eligible	
														13	14	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
61 Insurance - Vehicle																
62 Insurance - Fixed Assets																
63 Insurance - General																
64 Automobile & Truck Maintenance																
65 Telephone																
66 Postage																
67 Dues & Subscriptions																
68 Legal & Accounting																
69 Interest - Automobile																
70 Interest - Mortgage																
71 Interest - Fixed Assets																
72 Interest - Operating																
73 Audit																
74 Rent - Automotive/Equipment																
75 Rent - Office																
76 Real Estate Taxes																
77 Data Processing																
78 Travel & Entertainment																
79 Licenses for individuals																
80 Licenses for facility																
81 Bloodborne Pathogen (OSHA) for Non-Medicaid FTE's																
82 Employee Criminal Records Check Fees for Non- Medicaid FTE's																
83 Management Services																
84 Advertising																
85 Printing																
86 Meetings/Seminars/Training (Include Operations Personnel Costs to set up)																
87 Miscellaneous																
88 Salaries & Other Expenses including Admin.																
89 TOTAL OTHER COSTS																
90 TOTAL EXPENSES BEFORE DEPRECIATION (Sum of lines 10, 15, 19, 59, 89)																
DEPRECIATION																
91 Depreciation - Building & Improvement - Office																
92 Depreciation - Automotive																
93 Depreciation - Equipment																
94 TOTAL DEPRECIATION																
95 TOTAL RATE SETTING EXPENSES (Sum of lines 90, 94)																
NON-ALLOWABLE EXPENSES																
96 Child Development																

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														Medicaid Eligible	Non-Medicaid Eligible	
Tax Id #:		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Facility Name																
Audit Date:																
97 Other Child and Family Services																
98 Higher Education																
99 Bad Debts																
100 Multi-Purpose Group Home																
101 Miscellaneous & Non-Allowable costs -Medicaid																
102 In Kind Donations / Contributions																
103 Penalties																
104 Extraordinary Items																
105 TOTAL NON-ALLOWABLE EXPENSES																
106 TOTAL TO MATCH AUDIT (Line 95 plus line 105)																
SCHEDULE B TOTAL EXPENSE FROM LINE 12:																
DIFFERENCE:(TOTAL COLUMN, LN 106) LESS (Total Expense from Schedule B line 12: LN 107)																
107 TOTAL RESIDENT DAYS PROVIDED																
110 TOTAL PROGRAM EXPENSES ALLOWED (excludes non Medicaid allowed line items)																